STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

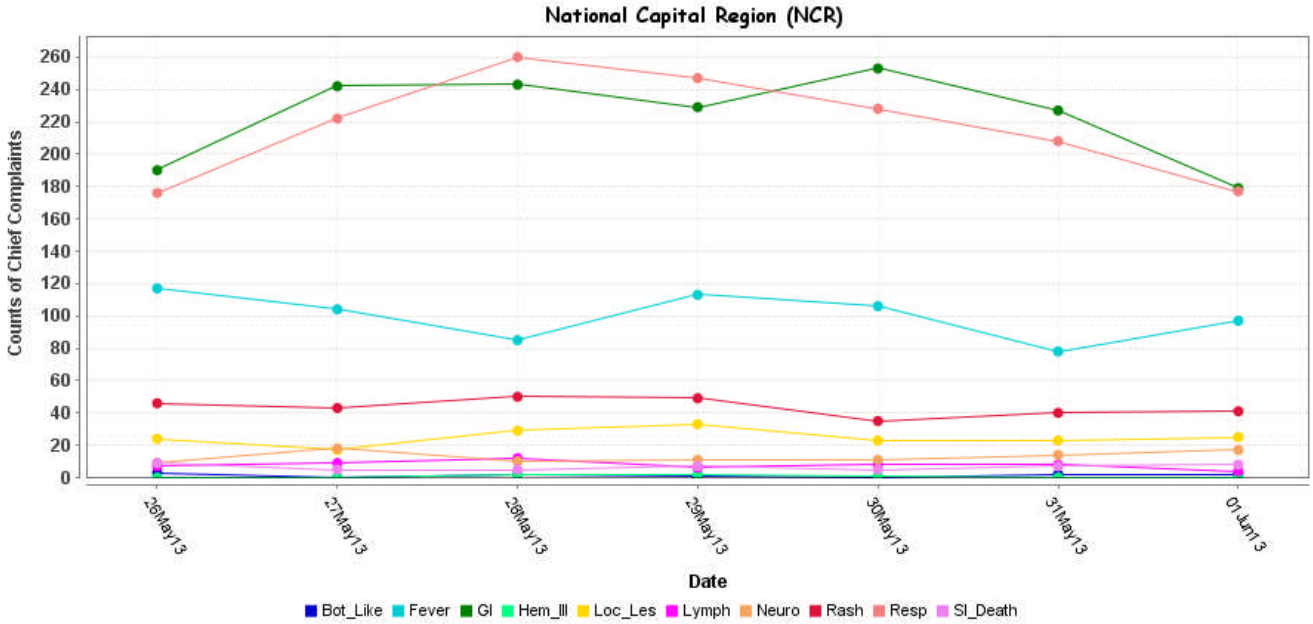
June 7, 2013

Public Health & Emergency Preparedness Bulletin: # 2013:22
Reporting for the week ending 06/01/13 (MMWR Week #22)

CURRENT HOMELAND SECURITY THREAT LEVELS

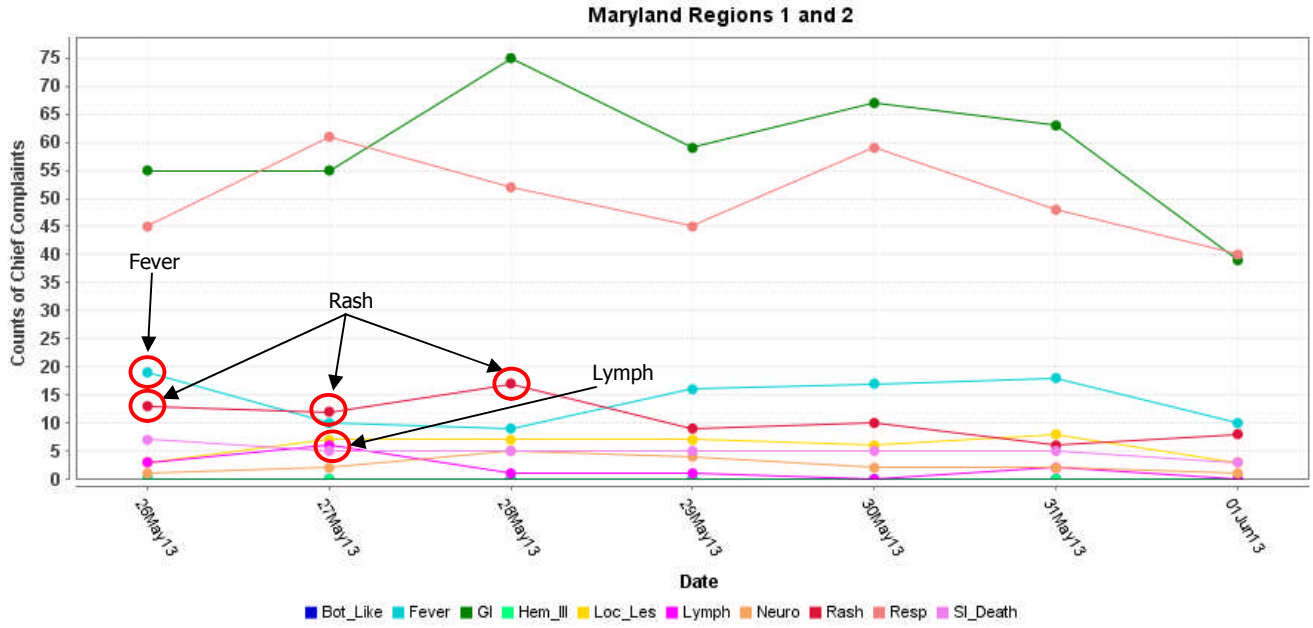
National: **No Active Alerts**
Maryland: **Level One (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

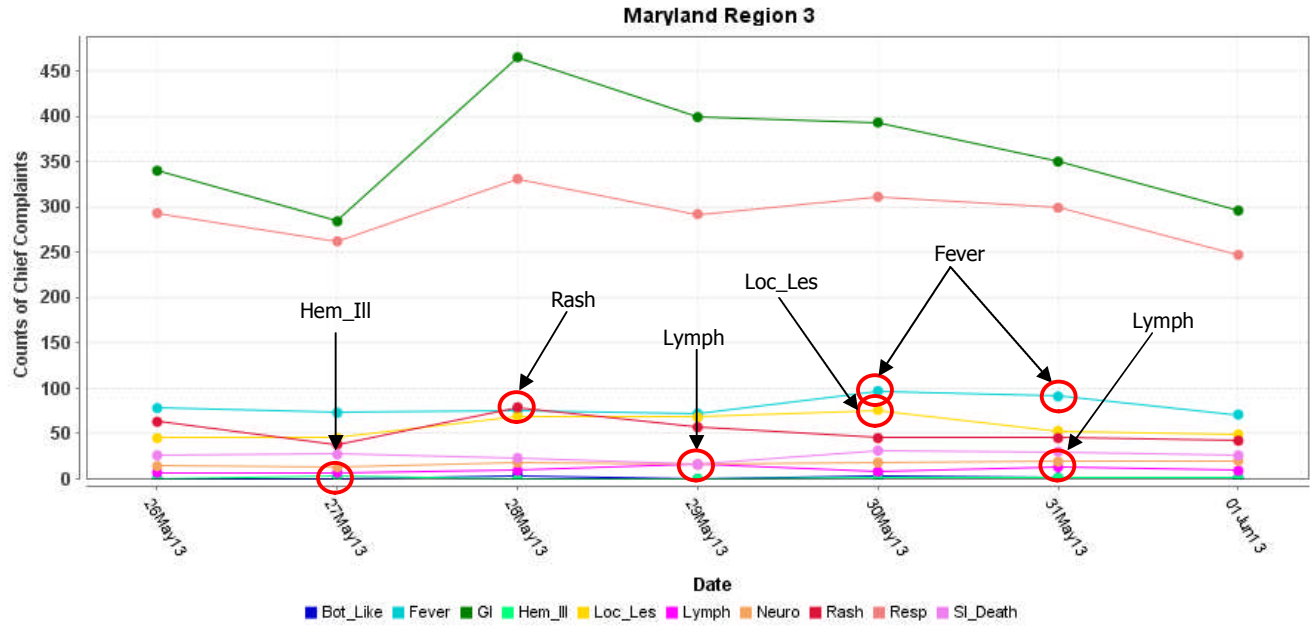


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

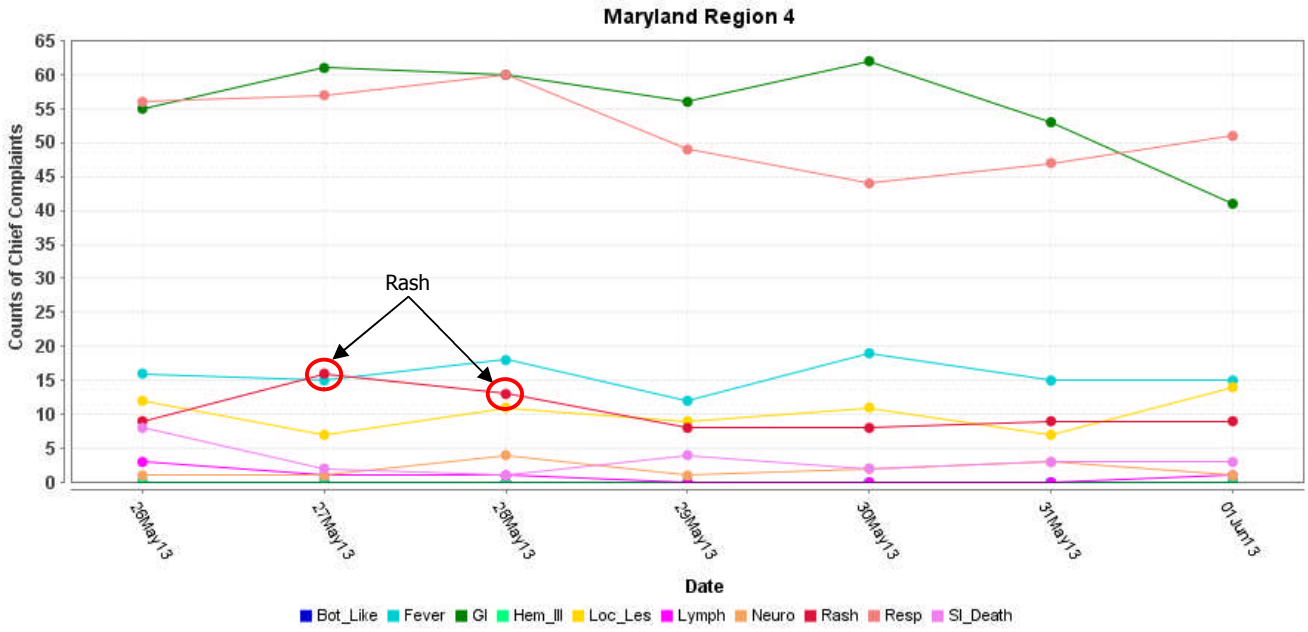
MARYLAND ESSENCE:



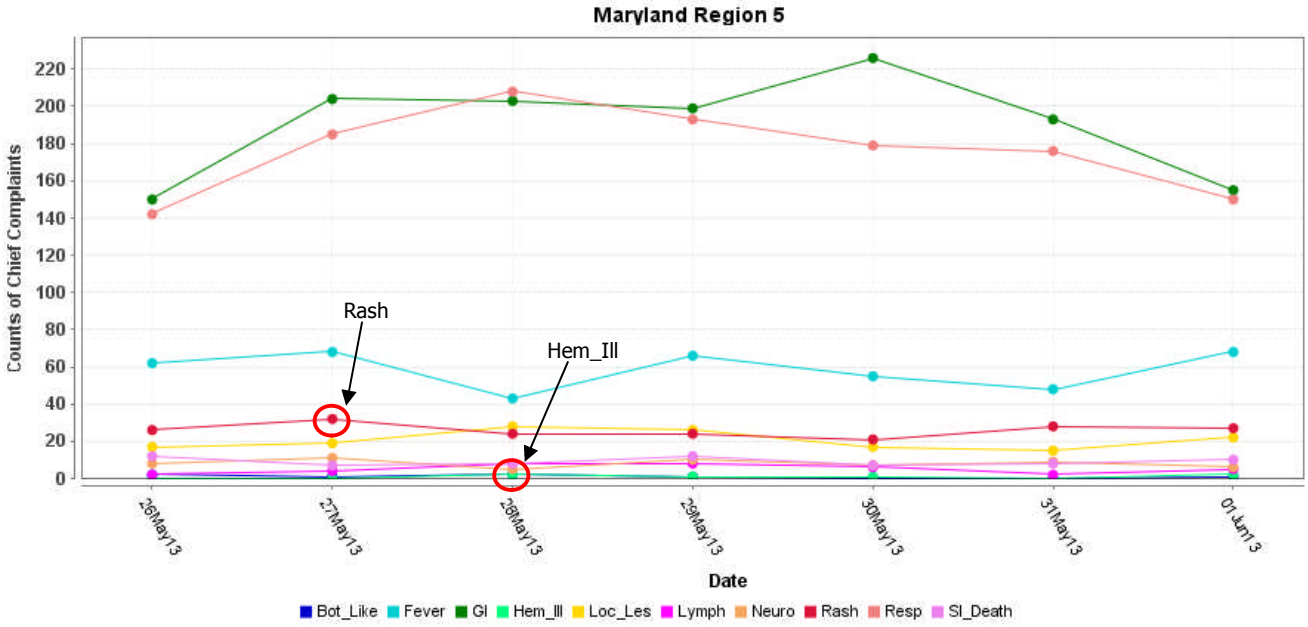
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



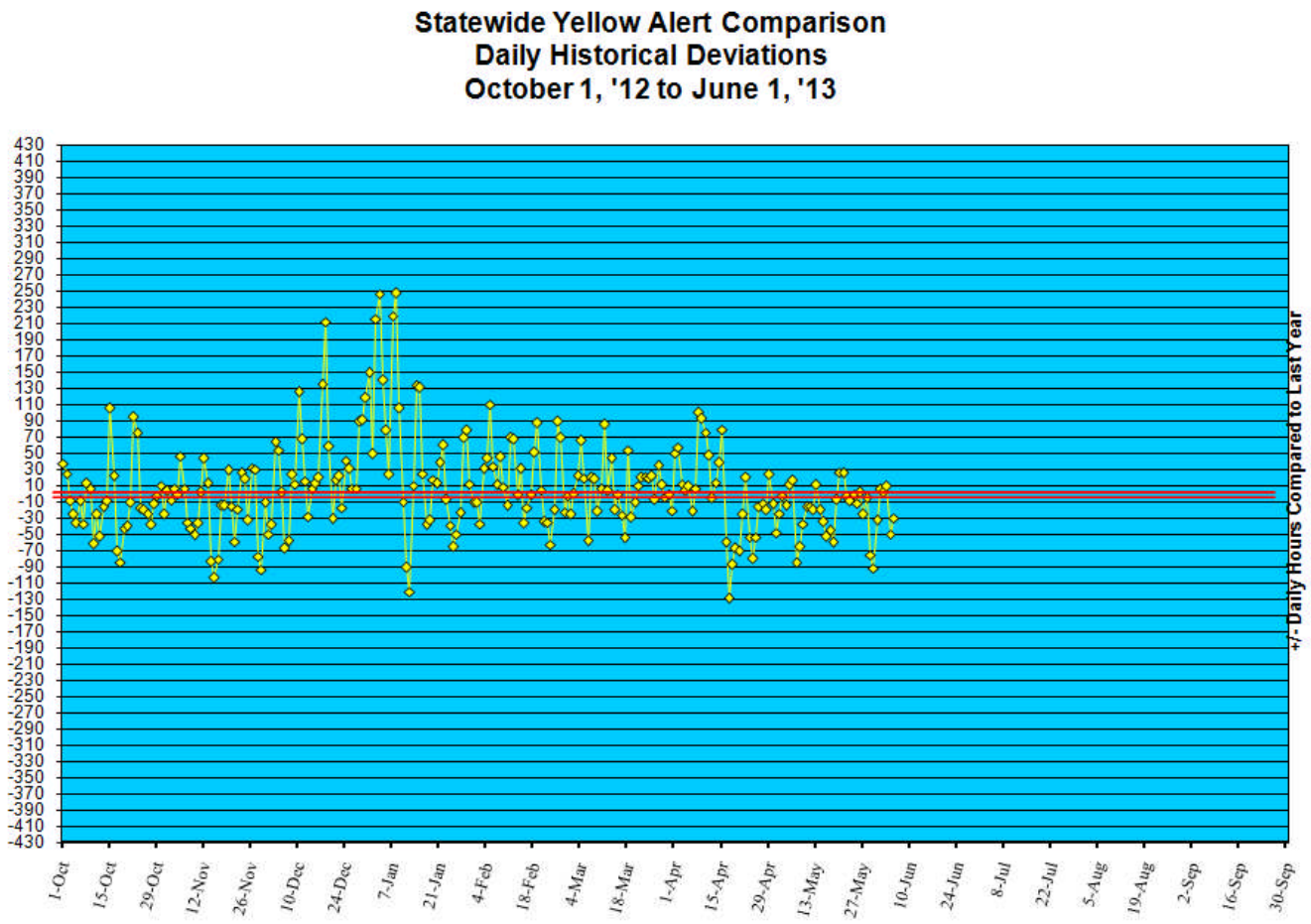
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in April 2013 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (May 26 – June 1, 2013):	4	0
Prior week (May 19 – May 25, 2013):	7	0
Week#22, 2012 (May 28 – June 2, 2012):	7	0

3 outbreaks were reported to DHMH during MMWR Week 22 (May 26 – June 1, 2013)

1 Gastroenteritis Outbreak
1 outbreak of GASTROENTERITIS in a Nursing Home.

1 Foodborne outbreak
1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Hospital.

1 Rash Illness
1 outbreak of SCABIES in an Assisted Living Facility

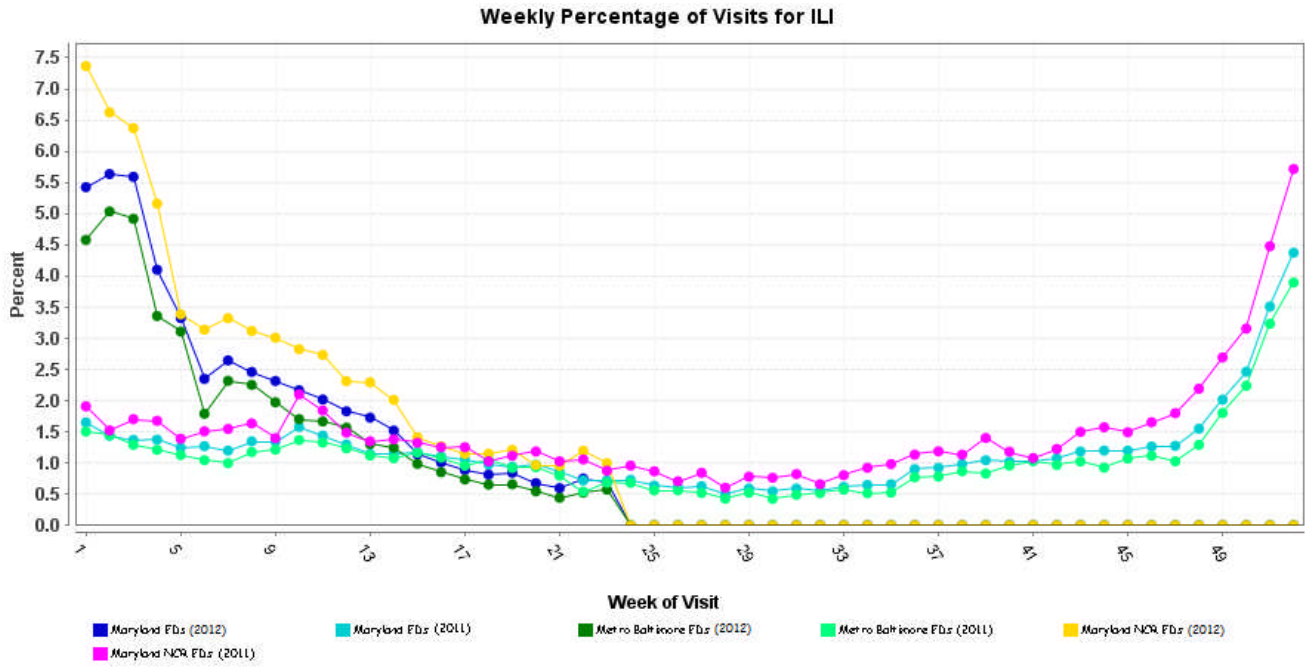
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

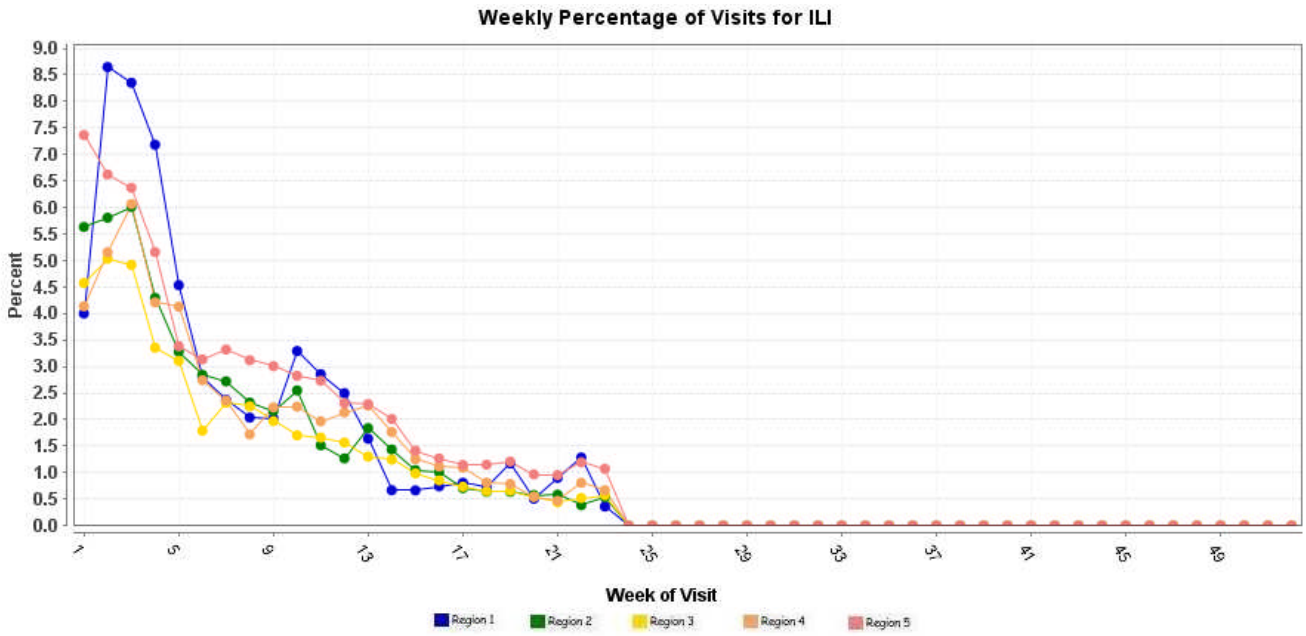
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



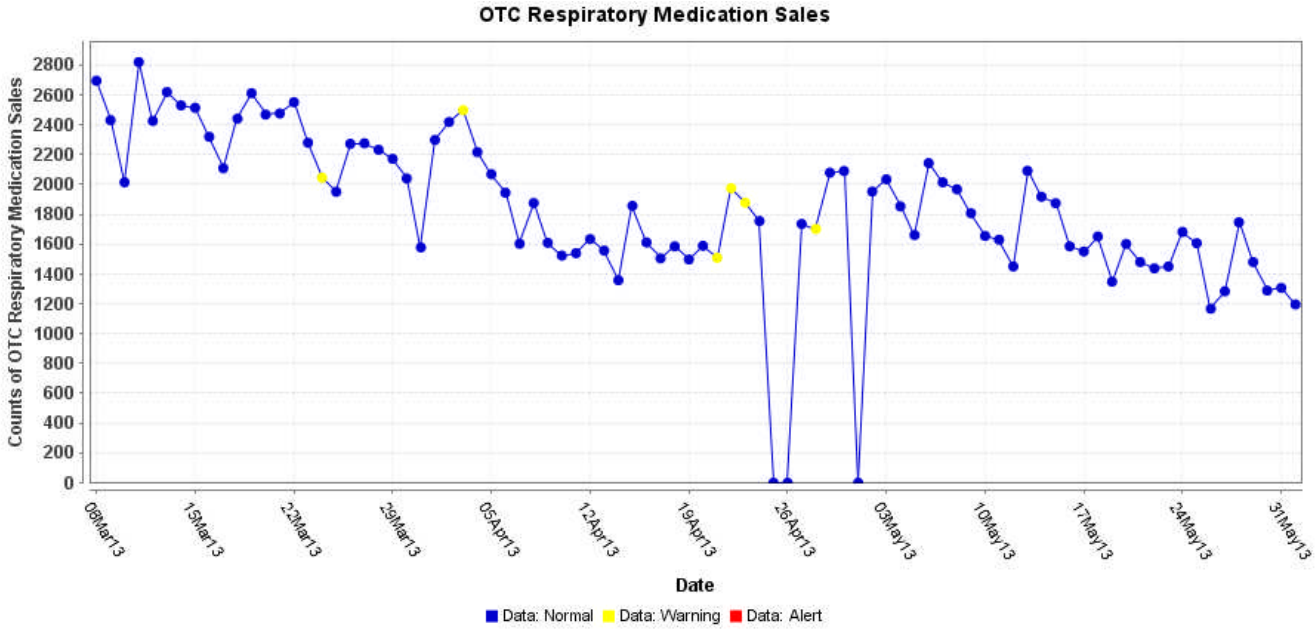
* Includes 2012 and 2013 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2013 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.
As of April 26, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 628, of which 374 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 60%.

NATIONAL DISEASE REPORTS*

RICIN (USA): 30 May 2013, The Federal Bureau of Investigation [FBI] is investigating a letter addressed to President Obama that may contain the poisonous substance ricin. A spokeswoman in the FBI's Washington Field Office said that the Secret Service intercepted a "suspicious letter" at a White House mail facility on Thursday morning (30 May 2013). The FBI is investigating the letter and does not yet know whether the letter tested positive or negative for ricin. The Secret Service confirms that the letter appears similar to a ricin-laced letter addressed to New York mayor Michael R Bloomberg (I). It's not yet clear whether the incidents are related. "US Secret Service can confirm that the White House mail screening facility intercepted a letter addressed to the White House that [was] similar to letters previously addressed to Mayor Bloomberg in New York," the Secret Service said in a statement. "This letter has been turned over to the FBI Joint Terrorism Task Force for testing and investigation." On [Wed 29 May 2013], authorities intercepted ricin-laced letters sent to both Bloomberg and a gun-control group he founded called Mayors Against Illegal Guns, which has been prominent in the recent push for stricter gun laws. The news comes 6 weeks after ricin-laced letters were sent to Obama, senator Roger Wicker (Republican-Mississippi) and a Mississippi judge in the days after the Boston Marathon bombings. Police arrested a man who was later released, then arrested James Everett Dutschke of Mississippi. Police in Washington state last week [week of 20 May 2013] also arrested a man in connection with a death threat to a judge and 2 ricin-laced letters sent earlier this month (May 2013). (Ricin Toxin is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

CAMPYLOBACTERIOSIS (PENNSYLVANIA): 21 May 2013, The Pennsylvania Departments of Agriculture and Health today, 29 May 2013, advised consumers to discard raw milk produced by The Family Cow in Chambersburg, Franklin County, because of potential bacterial contamination. Agriculture and Health Department laboratory tests and several recent illnesses indicate the raw milk may contain campylobacter bacteria. The Department of Health has confirmed 5 cases of confirmed campylobacteriosis in people who consumed milk from the farm at 3854 Olde Scotland Road. Based on the reported illnesses, the Department of Agriculture collected samples of raw milk during an investigation of The Family Cow, on 17 May 2013. Positive tests for campylobacter were confirmed on Tue 28 May 2013. The packaged raw milk is sold under The Family Cow label in plastic gallon, half-gallon, quart, and pint containers. It is labeled as "raw milk". Raw milk is milk that has not been pasteurized. The Family Cow sells directly to consumers in an on-farm retail store and at drop off locations and retail stores around Pittsburgh, Philadelphia, and the Lehigh Valley, as well as south-central Pennsylvania. Agriculture officials ordered the owners of the farm to stop the sale of all raw milk until further notice. Nearly 1300 confirmed cases of campylobacter [infection] are reported each year in Pennsylvania. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (NORTH CAROLINA): 29 May 2013,The number of people infected in the outbreak of salmonellosis after eating at a Fayetteville, North Carolina hotel has grown to 99, county health officials said on Wed 29 May 2013. At least 5 people were hospitalized. The hotel has 2 restaurants -- All American Sports Bar and Grill and The Cafe Bordeaux -- as well as a banquet kitchen. Holiday Inn Bordeaux CEO Scooter Deal said the health department's investigation remains active, but the hotel has been cleared to continue doing business. He said employees are getting additional training in proper food handling techniques with some help from the health department. More than a dozen hotel employees were among the infected. Health department officials said Wednesday [29 May 2013] that they are still investigating the source of the contamination. Cumberland County health director Buck Wilson said "control measures put in place to prevent further spread of the illness appear to be working." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI EHEC (GEORGIA): 31 May 2013, Public health officials are investigating iced tea among other menu items at a Stephens County barbecue restaurant as the possible source of a major *Escherichia coli O157* outbreak that has sickened as many as 18 people. 11 people have been confirmed to have *E. coli* infection, and 7 others are probable cases, though their illness has not been confirmed by lab results, state officials say. There have been no other infections reported since 8 May 2013. "The risk is gone," said Nancy Nydam, spokeswoman for the state Department of Public Health. "We are looking at everything on the menu." Investigators are looking at the possibility of "cross contamination", in which harmful bacteria are transferred to food from other foods, cutting boards, utensils or other objects if they are not handled properly. Several of the cases are severe and have required hospitalization. 5 people have been diagnosed with hemolytic-uremic syndrome (HUS), a kind of kidney failure that is a serious complication of *E. coli* infection. The HUS patients are recovering, said Dave Palmer, public information officer for the local public health district. Stephens County borders South Carolina in north east Georgia. All of the patients reported their illnesses between 4-8 May 2013. Those infected with *E. coli EHEC* generally show symptoms 3-4 days after they've eaten the contaminated food, said Palmer [although it can be up to 10 days]. Drenzek said public health officials learned of the outbreak after a DPH epidemiology surveillance officer noticed a cluster of cases -- 4 patients in a week -- in lab reports from the Stephens County Hospital. The Stephens County Health Department had also received complaints about the BBQ Shack after some customers reported being ill after eating at the restaurant. Public health investigators interviewed all the patients who were sick, as well as some diners who ate at the restaurant but did not become ill, tracking them down using credit card receipts. Food samples and environmental swabs taken from the restaurant on 16 May 2013 tested negative for any pathogens. "Sometimes we're not able to definitively say what's the source," Palmer said. "That's the hard part with foodborne investigations." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

CHOLERA, DIARRHEA AND DYSENTERY (MARTINIQUE): 1 June 2013, A man, aged 63 from Haiti, presented on Thursday, 30 May 2013, night at the emergency department of the CHU of Fort-de-France, in a state of dehydration. The tests quickly confirmed that he was suffering from cholera. So far, this does not imply the risk of an epidemic, according to the regional health agency. The man was immediately placed in isolation room and was seriously ill as judged by doctors. The clinical signs appeared several hours after his aircraft landed from Port-au-Prince. Any contamination of other passengers on the flight is therefore excluded, according to the doctor. Health authorities remain on alert for the people that would have been in contact with the patient upon his arrival in Martinique. But, for the moment, no disturbing symptoms have been reported. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

EBOLA VIRUS (DEMOCRATIC REPUBLIC OF THE CONGO): 29 May 2013, The United Nations (UN) said on Wednesday [29 May 2013] that 6 suspected cases of Ebola [virus disease] have been reported in the north eastern Democratic Republic of Congo [DRC], just 6 months after an outbreak of the deadly virus ended in the area. Mr Sylvestre Ntumba, an official working for the UN's Office for the Coordination of Humanitarian Affairs, said the cases had been recorded between 1 May and 12 May [2013] in the Bas-Uele district, in the north eastern Orientale Province. "Six suspected cases of Ebola [virus disease] have been reported," he told reporters at a press conference in Kinshasa. "With the support of the World Health Organization (WHO), a team from the provincial health division is on the ground to investigate and to take samples," he said, adding they are currently awaiting results. The previous epidemic had its epicentre in Isiro, about 240 km [149 mi] from Mongo. Between May and November 2012, there were 62 cases with 34 deaths, according to the UN. For the 1st time, an infected woman had given birth to a premature baby alive -- but both finally died. There is no treatment or vaccine against [ebolavirus]. It is transmitted by direct contact with blood, body fluids (sweat, urine, feces), through sexual [contact], and by mishandling of contaminated corpses. This disease is characterized by fever, vomiting, abdominal cramps, bloody diarrhea, and bleeding gums. During the last epidemic in the DRC, the fight has been hampered by traditions and customs encouraging proximity with the sick and the dead, and also the fear of people being placed in isolation, which might lead patients to flee into the bush. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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Web Site: www.dhmh.maryland.gov